<table>
<thead>
<tr>
<th>Entity Legal Name</th>
<th>DBA or Tradename (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Entity Address</th>
<th>Business TIN (EIN, SSN)</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Email Address</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Total Amount Requested</th>
<th>Number of Employees</th>
<th>Number Full-time</th>
<th>Number Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>$________</td>
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</table>

**ELIGIBLE MEDICAL EXPENSES CLAIMED:** (SEE GUIDELINES & CHECK ALL THAT APPLY)

- ☐ Payroll expenses for eligible public health & safety workers
- ☐ Emergency medical response expense
- ☐ Technical assistance to local authorities
- ☐ COVID Expenses NOT reimbursed from other sources
- ☐ Non-donated medical & protective supplies-PPE
- ☐ COVID-19 Testing including serological
- ☐ Establish Temporary medical facilities (outside testing, etc.)
- ☐ Emergency Medical Transportation related to COVID
- ☐ Disinfection & sanitation of public areas in response to COVID
- ☐ Public telemedicine for COVID related treatment
- ☐ Enforcement of public health orders, information
- ☐ Public safety measures
- ☐ Quarantining
- ☐ Other

**QUESTIONS**

1) Has the applicant received any other funding under the CARES Act? If yes, explain on additional sheet

2) Were any of the expenditures being requested for reimbursement allocated for in the most recent budget?

3) Is the applicant or any owner of the applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?

4) Has the applicant or any owner of the applicant or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from any other Federal agency that said loan is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?

**PLEASE DESCRIBE THE NATURE OF YOUR ENTITY**

**PLEASE DESCRIBE HOW COVID-19 HAS IMPACTED YOUR ENTITY** (use additional pages if necessary)
SUPPORTING DOCUMENTATION

Please provide documentation which supports the COVID expenditures. At a minimum, the following documents must be included:

- Copy of Valid Business License (City and County) if applicable
- Copies of all receipts for eligible expenses (i.e. personal protective equipment provided, eligible salaries, etc.)
- Any additional documentation which may be requested to verify your request.

CERTIFICATION AND SIGNATURE

☐ I certify that these are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus (COVID-19).

☐ I certify that such expenditures were not accounted for in the budget most recently approved as of the March 27, 2020 date of enactment of the CARES Act.

☐ I certify that such expenditures submitted with this application were incurred during the period that begins on March 1, 2020 and ends on December 30, 2020.

☐ I certify that the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge and such expenditures meet the conditions and criteria outlined for reimbursement under the CARES Act.

☐ I certify that such expenditures are not being reimbursed from any other source except as submitted in this Application.

☐ I acknowledge and agree that, to the fullest extent permitted by law, I shall forever RELEASE, HOLD HARMLESS, DISCHARGE, AND AGREE TO DEFEND AND INDEMNIFY, THE COUNTY OF SALINE, from any liabilities, claims, demands, or causes of action that they may hereafter have, without limitation, for personal, bodily, or mental injuries, property damages, economic losses, attorney’s fees, or any other type of injury or damage arising out of, resulting from, or in connection with, this application.

_________________________________________  ______________________
Applicant Authorized  Signature                  Date

PLEASE SUBMIT OR MAIL APPLICATION TO:
Saline County CARES Relief Fund
Saline County Courthouse
Room 101
Marshall, MO 65340

ADDITIONAL APPLICATIONS AVAILABLE AT:
County Commission Office
Saline County Emergency Management Office [http://www.salinecountyema.com](http://www.salinecountyema.com)
Chamber of Commerce
City Hall/Clerk’s Offices
[http://www.salinecountyema.com](http://www.salinecountyema.com)

>>> FOLLOWING INFORMATION IS FOR OFFICE USE ONLY <<<

CITY OFFICIAL VERIFICATION (IF APPLICABLE)

City Business License # ____________________________  Signature ________________  Date ______________________
Is this license current and valid  ☐ YES  ☐ NO

COMMISSION APPROVAL

Amount Approved: $____________________  Date Approved: ____________________
________________________________________
Kile P Guthrey, Jr., Presiding Commissioner
________________________________________
Stephanie Gooden, Northern District Commissioner
________________________________________
Monte Fenner, Southern District Commissioner

Page 2

Salcocom/ss: 6.01.2020